

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
 W. B. McCaw, of Columbia.
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(1) PLACE OF BIRTH

County of Sumner
 Township of 4
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43037

Registration District No. _____ Registered No. _____
 (For use of Local Registrar)
 St.: _____ Ward: _____

(2) Full Name of Child Sybil Howard

If child is not yet named, make supplemental report as directed

(3) BOY or GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 31, 1905
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Arny Justice Howard

MOTHER
 (14) NAME BEFORE MARRIAGE Emiline Hunt

(9) PRESENT POSTOFFICE OF FATHER # 3 5th St. Union Mill

(15) PRESENT POSTOFFICE OF MOTHER 119

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)

(12) BIRTHPLACE Pickers-Co. S.C.

(18) BIRTHPLACE Pickers Co. S.C.

(13) OCCUPATION Card hand. Cotton Mills

(19) OCCUPATION house keeper

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:05 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Ballou

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 715 1/2 W. 11th St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Office _____ (28) _____
 Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar _____
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